

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 297

FRANK M. TRAKNYAK, P.E. - 3/22/2016

1

1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF TEXAS
3 HOUSTON DIVISION

4 KEITH COLE, JACKIE BRANNUM,)
5 RICHARD KING, DEAN ANTHONY)
6 MOJICA, RAY WILSON, FRED WALLACE,)
7 AND MARVIN RAY YATES individually)
8 and on behalf of those similarly)
9 situated,) CIVIL ACTION NO.
10) 4:14-cv-1698
11 Plaintiffs,)
12 VS.)
13 BRAD LIVINGSTON, in his official)
14 capacity, ROBERTO HERRERA, in his)
15 official capacity, and TEXAS)
16 DEPARTMENT OF CRIMINAL JUSTICE,)
17 Defendants.)

18 STEPHEN McCOLLUM, and SANDRA)
19 McCOLLUM, individually, and)
20 STEPHANIE KINGREY, individually)
21 and as independent administrator)
22 of the Estate of LARRY GENE)
23 McCOLLUM,) CIVIL ACTION NO.
24) 4:14-cv-03253
25 Plaintiffs,)
VS.)
BRAD LIVINGSTON, JEFF PRINGLE,)
RICHARD CLARK, KAREN TATE, SANDREA)
SANDERS, ROBERT EASON, the)
UNIVERSITY OF TEXAS MEDICAL BRANCH)
and the TEXAS DEPARTMENT OF)
CRIMINAL JUSTICE,)
Defendants.)

ORAL AND VIDEOTAPED DEPOSITION OF
FRANK M. TRAKNYAK, P.E.
March 22, 2016

HANNA & HANNA, INC.

713.840.8484

Plaintiffs' MSJ Appx. 6971

FRANK M. TRAKNYAK, P.E. - 3/22/2016

2

1 ORAL AND VIDEOTAPED DEPOSITION OF FRANK M.
2 TRAKNYAK, P.E., produced as a witness at the instance of
3 the PLAINTIFFS, and duly sworn, was taken in the
4 above-styled and numbered cause on March 22, 2016, from
5 9:02 a.m. to 3:58 p.m., by machine shorthand before
6 MICHELLE R. PROPPS, CSR, in and for the State of Texas,
7 reported at the Office of the Attorney General of Texas,
8 808 Travis Street, Suite 1520, Houston, Texas, pursuant
9 to the Federal Rules of Civil Procedure and the
10 provisions stated in the record or attached hereto.
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FRANK M. TRAKNYAK, P.E. - 3/22/2016

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FRANK M. TRAKNYAK, P.E. - 3/22/2016

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Plaintiffs' MSJ Appx. 6974

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13

1 (Exhibit No. 4 marked.)

2 Q. All right. And then we've marked as Exhibit 4
3 your report in the McCollum case regarding the
4 Hutchins -- I guess I called it a prison -- state jail,
5 the Hutchins State Jail. Correct?

6 A. That's correct.

7 Q. And I think you've indicated that your copy of
8 the report may have some pages out of sequence. If we
9 go through it and we need to sort anything out, let's
10 just figure out what we need to do and we'll make clear
11 and get it all straightened out. So if that happens,
12 you let me know. Okay?

13 A. Yes. And that's just mainly in the
14 calculations.

15 Q. Got it. So we may not run into problems
16 potentially.

17 A. Okay.

18 (Exhibit No. 5 marked.)

19 Q. And then we've got one -- as far as documents
20 you've brought with you today, we've got a document that
21 we've marked as Exhibit No. 5. If you could pull that
22 out and tell me, briefly, what is Exhibit 5, sir?

23 A. So Exhibit 5 are various excerpts of codes and
24 standards such as the ASHRAE Application Standard, the
25 TCT -- I'm sorry -- TDCJ Design Criteria Manual, some

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1 excerpts out of the International Energy Conservation
2 Code 2009, the -- the State Energy Conservation Office,
3 where it -- it talks about what codes that state-funded
4 buildings need to comply to the Energy Codes -- various
5 energy codes. And the ASHRAE Standard 90.1, 2007. This
6 just talks about various system types. And then I just
7 put together a -- an Excel spreadsheet that talks about
8 just various combinations of temperatures and humidities
9 that can equate to an 88-degree heat index.

10 Q. Okay. So we have a -- kind of, a polyglot of
11 stuff in there, it sounds like. We'll go into more
12 detail on all of this, but that's the overview.

13 You -- you said -- used the acronym
14 ASHRAE. That's A-S-H-R-A-E?

15 A. Yes. It's a --

16 Q. What does it stand for?

17 A. ASHRAE, A-S-H-R-A-E, American Society of
18 Heating Refrigeration and Air Conditioning Engineers.

19 Q. Okay. And that's -- that's an engineers
20 standards association?

21 A. Engineers standard association that is --
22 let's call it the bible of HVAC, if -- if we may.

23 Q. The bible of HVAC. That's a pretty good way
24 of describing it. Okay. Good deal.

25 I'm going to go into all this stuff in --

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Plaintiffs' MSJ Appx. 6977

1 A. I -- it's something I have not looked into. I
2 would -- I would assume that there's probably some
3 warehouse-type work where workers are in that might not
4 be air conditioned. There's possibly some
5 manufacturing-type -- type work that's -- where workers
6 are that's not air conditioned.

7 Q. Some workplaces?

8 A. I would say some workplaces.

9 Q. Okay. But if you move away from workplaces
10 and we just take places where people live and sleep, are
11 you personally aware of any such place in the state of
12 Texas that's been built without air conditioning, other
13 than a prison, to your knowledge?

14 A. To my knowledge, not in the state of Texas --

15 Q. Right.

16 A. -- that -- that I know of.

17 Q. Right. Other states, different climates,
18 different issue, obviously. Right. You might -- you
19 might see in New --

20 A. Right.

21 Q. -- England something built without air
22 conditioning is what you're getting at.

23 A. Right.

24 Q. If --

25 (Interruption.)

1 conditions are going to be by the time I've done the
2 HVAC work. What are we going to end up with? Right?

3 A. That's -- that's correct.

4 Q. And what you're looking to -- you referred to
5 -- I think to ASHRAE as the HVAC bible. We've got
6 ASHRAE 55, one of the things in the HVAC bible, it looks
7 like.

8 A. That's correct.

9 Q. Tell me what ASHRAE 55 is, if you would,
10 please.

11 A. It's a -- a standard that's also adopted in
12 many of the codes that talk about comfort levels for
13 humans under various scenarios of being -- you know,
14 what they're bearing, what the velocity in the room is,
15 what temperatures and humidities, what type of activity
16 they're doing. And so there are -- it's based on -- on
17 a voting system.

18 So, usually, you know, maybe men might
19 feel more comfortable with cooler temperatures, maybe
20 some women might feel comfortable with warmer
21 temperatures. So it -- it incorporates a lot of
22 different criteria. And there's this range of comfort,
23 temperature and humidity, areas that if -- you know, if
24 you're within that range, most likely, you know, you
25 will be comfortable; there might be other people more

1 comfortable, there might be other people less
2 comfortable, but it's -- it's a comfort range. And so,
3 you know, you can't please everyone -- you know,
4 everybody wants a different temperature and everybody
5 wants a thermostat. So it -- it does vary from person
6 to person, and the size, and -- and things of that
7 nature. But that is something that they've performed
8 research on to say, Okay, so as long as we're in this
9 range, we're -- you know, you should be comfortable.

10 And, typically, when we design an office,
11 there's a -- a standard point that you would design an
12 office to. And that may be 75 degrees at 50 percent RH.
13 So, you know, without even looking at ASHRAE 55 or any
14 other code, that's kind of an industry standard point to
15 design various facilities for comfort.

16 Now, there may be instances where you
17 might have an operating room where you need it cooler
18 because of pathogens and whatnot, or a laboratory they
19 need to do this research at a certain precise
20 temperature and humidity. So you could go still within
21 that -- that region, but for the most part, it
22 establishes that region to design to.

23 Q. And this is one of these, in your blood, use
24 it all the time, every project industry standards that's
25 a regular part of your work, it sounds like?

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1 A. It is. But, there again, I usually design to
2 that 75 degrees and 50, you know, for an office, because
3 it's what we've been doing for 30 years. And that
4 was -- that point was -- was somewhat established by
5 ASHRAE 55, but I don't refer to ASHRAE 55 every single
6 day because I know where that point is.

7 Q. And I hear what you're saying. You don't have
8 to -- in fact, this is such an important regular
9 standard that you've just become familiar with what it
10 dictates, you don't have to keep looking back to it, you
11 know, on a regular basis, for every project, here's what
12 I'm going to be designing to, 75 degrees and 50 percent
13 humidity.

14 A. Right.

15 Q. Right. But all of that -- the foundation for
16 all of that is ASHRAE 55.

17 A. That's correct.

18 Q. And this is generally accepted in the
19 industry; I mean, that engineers like you, everyone uses
20 this for the type of work you do?

21 A. Yes. I would say that for the type of work I
22 do, it's -- it's a standard. So going outside that
23 standard, again, you know, you're -- you're assuming a
24 liability risk. So we designed -- when we picked a
25 point, it was somewhere within that region.

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Plaintiffs' MSJ Appx. 6981

1 people comfort [sic] --

2 A. Right.

3 Q. -- you've got it taken care of.

4 A. That's correct.

5 Q. Okay. And when you design buildings, that's
6 what you think about and that's what you do in your
7 industry. We design buildings for comfort.

8 A. That's correct.

9 Q. And the only reason I was asking about health
10 and safety, on Page 5 of your Pack report, under what
11 standards are used in the analysis, "The professional
12 design community relies on codes and standards in order
13 to ensure the health and safety of the public and/or
14 occupants of a building."

15 You see that sentence?

16 A. Yes, I -- I --

17 Q. That's kind of what I was asking you about
18 health and safety standards.

19 A. Yes. And it's -- it's a requirement by our
20 licensing that -- that we design to protect the health,
21 safety and welfare of the public and property.

22 Q. Right. And I mean, there's various ways that
23 you can have a problem with health or safety, but one of
24 them will be if people are in too hot conditions, that
25 could be a health or safety problem. Right?

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Plaintiffs' MSJ Appx. 6982

1 A. Obviously, it can be if -- if there's a
2 situation where they're adversely affected because of
3 hyperthermia.

4 Q. Right. Now, I mean, obviously, you're not a
5 medical doctor.

6 A. Right.

7 Q. You're not here to give medical testimony and
8 I'm not asking that.

9 A. Right.

10 Q. But you're just aware that, you know, when you
11 have health and safety standards, one thing among the
12 hazards is to avoid it being too hot and the bad health
13 consequences. You don't want that. Right?

14 A. No, I don't want that.

15 Q. And you take care of it with ASHRAE 55 and
16 that 75 temperature, 50 humidity. When you're designing
17 buildings to that, you know you're going to take care of
18 the health and safety for the heat, because you're going
19 to actually make it comfortable. Right?

20 A. That's correct.

21 Q. And you -- you view yourself as -- by your
22 license and just being an engineer, that's the way that
23 you build buildings, that's the way that you do it?

24 A. That's correct.

25 Q. Okay. So I want to talk to you a little bit

1 to learn more about it, all the details about it and,
2 you know, how they came up with all the aspects of those
3 graphs and -- and things of that nature. But that's
4 about the extent of the research that -- that I know.

5 Q. So there's a lot of work that's gone into
6 this.

7 A. It has, yes.

8 Q. And when you say "they," is it the American
9 National Standards Institute who's done all this
10 research work? Is it ASHRAE? That's probably a stupid
11 question. But who's doing the work?

12 A. I mean, it's ASHRAE, the Association --
13 American Standard Heating, Refrigeration and Air
14 Conditioning Engineers.

15 Q. Okay. And since 1966, you said?

16 A. Since 1966.

17 Q. Okay. And so there's been a comfort range
18 standard since that time that's roughly in this 75-50
19 point or has it changed over time?

20 A. The earliest I could find is a graph in 1981.

21 Q. But if the standard went in place in 1966,
22 what was the standard between '66 and '81? Do you know?

23 A. I don't, because I couldn't find any -- you
24 know, anything published, you know, earlier than the
25 1981.

1 Q. What did the 1981 graph show you?

2 A. It was very similar to the graph that we -- we
3 show in -- in our report on -- let's see. What page is
4 it on? -- on Page 19.

5 Q. Right. Okay. So the standard that's in
6 effect today, ASHRAE 55, basically the same version of
7 the standard was in effect at the earliest time you
8 could find in 1981. Right?

9 A. That's correct.

10 Q. Okay. And what you've described is ASHRAE has
11 spent a whole lot of time doing research work to figure
12 out nuances of where the comfort range should be, and
13 interviewing people, and looking at clothing, and
14 conditions and all sort of stuff. They put a lot of
15 work into trying to get this right, it sounds like.

16 A. Yes, that's correct.

17 Q. And I take it you'd agree that's a good thing.
18 I mean, you want to -- want to get this right about the
19 comfort range. Right?

20 A. Right. And it also gives a tool that, Hey, if
21 we're going to design something, let's design to
22 something tangible, which is this -- this standard.

23 Q. Right. You've got a -- right. You've got a
24 tangible standard written down that everyone can look
25 to. Right?

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Plaintiffs' MSJ Appx. 6985

FRANK M. TRAKNYAK, P.E. - 3/22/2016

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1 Q. Right. Right.

2 A. So a lot of our codes and standards are
3 adopted throughout the world.

4 Q. Here's one other thing I wanted to ask you
5 about on Page 6. Again, this is the Pack report. And
6 so, in addition to ASHRAE 55, you've also mentioned the
7 American Correctional Association Standards; is that
8 right?

9 A. That's correct.

10 Q. Okay. And, in fact, you've cited to, let's
11 see, the 4 Edition, Standard 4-4153. Correct?

12 A. Yes.

13 Q. And it looks like you're citing that in
14 support of ASHRAE 55 standard, that the -- that American
15 Correctional Association Standard directs that the
16 temperature and humidity levels to be capable of being
17 mechanically raised or lowered to an acceptable comfort
18 level. Correct?

19 A. Yes.

20 Q. And is that your understanding of what the
21 American Correctional Association requires?

22 A. Yes.

23 Q. Which is consistent with the -- the ASHRAE 55
24 HVAC bible standard. Right?

25 A. Right. That's correct.

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Plaintiffs' MSJ Appx. 6986

1 Q. And that's a good thing. Right?

2 A. I would say so, yes.

3 Q. Yeah. You want people to be comfortable, just
4 like we talked about.

5 A. Yes.

6 Q. Okay. So you've got -- you've got no quarrel
7 with that. You agree with that standard.

8 A. Yes.

9 Q. Okay. All right. Let's -- so let's talk
10 about how you've applied ASHRAE 55 for your work here.
11 And I'm going to confess, I don't need -- I don't know
12 how to read your figure and I'm going to ask you to walk
13 me through it. I think you said it was on Page --

14 A. 19.

15 Q. Yeah. But let's start on Page 17 and 18,
16 because I'm even dumber than you think I am, so I need
17 all the help that I can get.

18 And so this is kind of the -- start with
19 Page 17. And I saw Outdoor Design Conditions Table.
20 Tell me what that is.

21 A. So the ASHRAE fundamentals have various
22 weather data for most of -- every -- every state in the
23 country. And the majority that -- the major cities
24 and -- and they also have information on, you know,
25 different parts of the world, different countries. So

1 this is a cut-and-paste typo. But on the Hutchins
2 report, that first category on the building envelope,
3 Hutchins -- the Hutchins' buildings were built in
4 1995 -- right? -- later than the original Pack stuff.

5 A. You're on Page 4? Oh, no.

6 Q. No.

7 A. Page 3?

8 Q. It's actually -- let's see. Take a look at --
9 take a look at Page 9.

10 A. (Complies.)

11 Q. Right?

12 A. All right. So, yeah --

13 Q. You're talking about the existing conditions
14 at Hutchins. Right?

15 A. Yes.

16 Q. And you're describing what you got and when it
17 was built. And in describing when it was built, it
18 says -- the construction documents were dated 1994 and
19 the unit was brought on line in 1995. Right?

20 A. Yes.

21 Q. Okay. And then when we were looking at the
22 cost chart that we were just talking about back on
23 Page 4, you're talking about modifying the building
24 envelope in -- it says, "Four original 1981 dormitories
25 and trustee camp."

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Plaintiffs' MSJ Appx. 6988

1 Right?

2 A. That's correct.

3 Q. The ASHRAE 55 standard has been in effect, I
4 think you said, at least since 1981. Right?

5 A. 1966 is when it was first adopted -- or
6 first --

7 Q. You were first able to find a chart or graph
8 in 1981?

9 A. In 1981, yes.

10 Q. And that's what showed you to be able to
11 quantify that the 1981 standard is basically the same
12 comfort standard as today. Right?

13 A. Yes. It -- it appears to be --

14 Q. Close.

15 A. -- very close, yeah.

16 Q. And as we've discussed for many hours, that
17 ASHRAE 55 standard is one of the crucial standards for
18 you in doing your work.

19 A. Yes.

20 Q. So that the Hutchins housing units were built
21 in 1995 with no air conditioning. Right?

22 A. That's correct.

23 Q. And that means there's a lot of days in the
24 summer when they'll be well outside the ASHRAE comfort
25 zone. Right?

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Plaintiffs' MSJ Appx. 6989

1 A. That is correct.

2 Q. And so if TDCJ had come to you in 1995 and
3 asked you to build those Hutchins housing areas with no
4 air conditioning, I take it you would have walked away
5 from the work?

6 A. Possibly.

7 Q. Well, that's what you told us earlier --

8 A. Yes.

9 Q. -- you would have walked away from work.
10 Right?

11 A. I just recently walked away from a job and it
12 was a great job and I did not want to walk away from it.

13 Q. Right.

14 A. So I probably would.

15 Q. Okay. And same answer for if they'd
16 approached you in 1981 to build non-air conditioned
17 dorms at Pack, same thing, you'd have walked away from
18 it?

19 A. Yes.

20 Q. Okay. Let me shift gears. And I want to ask
21 you about compensation for doing your work and
22 preparation time for this deposition.

23 You may have discussed this with the
24 attorneys, but we have particular financial methods that
25 we do here, where I've got to break out, in terms of

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1 IN THE UNITED STATES DISTRICT COURT
 2 FOR THE SOUTHERN DISTRICT OF TEXAS
 3 HOUSTON DIVISION

4 KEITH COLE, JACKIE BRANNUM,)
 5 RICHARD KING, DEAN ANTHONY MOJICA,)
 6 RAY WILSON, FRED WALLACE, AND)
 7 MARVIN RAY YATES individually and)
 8 on behalf of those similarly) CIVIL ACTION NO.
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 17 Defendants.

18 _____
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 23 of the Estate of LARRY GENE)
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 22 and the TEXAS DEPARTMENT OF)
 23 CRIMINAL JUSTICE,)
 24 Defendants.)

23 REPORTER'S CERTIFICATION
 24 ORAL DEPOSITION OF
 25 FRANK M. TRAKNYAK, P.E.
 MARCH 22, 2016

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Plaintiffs' MSJ Appx. 6991

1 I, MICHELLE R. PROPPS, Certified Shorthand
2 Reporter in and for the State of Texas, hereby certify
3 to the following:

4 That the witness, FRANK M. TRAKNYAK, P.E., was
5 duly sworn by the officer and that the transcript of the
6 oral deposition is a true record of the testimony given
7 by the witness;

8 I further certify that pursuant to FRCP Rule
9 30 (f) (1) that the signature of the deponent:

10 X was requested by the deponent or a
11 party before the completion of the deposition and
12 returned within 30 days from date of receipt of the
13 transcript. If returned, the attached Changes and
14 Signature Page contains any changes and the reasons
15 therefor;

16 was not requested by the deponent or a
17 party before the completion of the deposition.

18 I further certify that I am neither attorney
19 nor counsel for, related to, nor employed by any of the
20 parties to the action in which this testimony was taken.
21 Further, I am not a relative or employee of any attorney
22 of record in this cause, nor am I financially or
23 otherwise interested in the outcome of the action.
24 Subscribed and sworn to on this the 31st day of
25 March, 2016.

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FRANK M. TRAKNYAK, P.E. - 3/22/2016



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J. V. Traknyak, P.E. (---) (p. 1)

MICHELLE PROPPS, CSR
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 298

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

STEPHEN McCOLLUM, et al.,)
Plaintiffs,)
v.) CIVIL ACTION
NO. 3:12-CV-02037
BRAD LIVINGSTON, et al.,)
Defendants.)

ORAL DEPOSITION

SUSI VASSALLO, M.D.

March 5, 2014

ORAL DEPOSITION OF SUSI VASSALLO, M.D., produced as a witness at the instance of the Defendant UTMB and duly sworn, was taken in the above-styled and numbered cause on the 5th day of March, 2014, from 10:03 a.m. to 5:06 p.m., before Dalia F. Inman, Certified Shorthand Reporter in and for the State of Texas, reported by computerized stenotype machine at the offices of The Edwards Law Firm, 1101 E. 11th Street, Austin, Texas 78702, pursuant to the Federal Rules of Civil Procedure and the provisions stated on the record or attached hereto.

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ALSO PRESENT:

MS. JENNIFER OSTEN, UTMB LEGAL AFFAIRS

MR. LARS HAGEN, ATTORNEY, U.T. SYSTEM

1 Mr. McCollum is at least there from June 24th to
2 July 7th of 2011?

3 A Yes.

4 Q He may have been there more, but we at least
5 know he was in during that time, right?

6 A Yes.

7 Q And of the time that he was there, the records
8 indicate that he only got the actual clonidine on four
9 occasions.

10 A Yes.

11 Q Does that indicate to you that -- well, strike
12 that.

13 Do you see the other blood pressure
14 readings for the other days?

15 A Yes.

16 Q And were those blood pressure readings high?

17 A Some of them were, yes.

18 Q And some of them were not?

19 A I see two that were not high and -- out of a
20 total of -- 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12 -- 13.

21 So two that were not high, is what I
22 believe I'm counting, out of 13 that I'm looking at.

23 Q And for you, what is the -- what is the
24 baseline for high or not high?

25 MR. EDWARDS: Objection, vague.

1 THE WITNESS: So the -- the standards for
2 the diagnosis of hypertension depend a little bit on the
3 co-morbidities of the individual. For example, the
4 blood pressure -- any diastolic blood pressure greater
5 than 90 -- that's the lower number -- is considered
6 hypotensive. So for somebody who has diabetes, the
7 current standard is a systolic blood pressure greater
8 than or equal to 140; for someone who does not have
9 diabetes, a systolic blood pressure of 150.

10 Q (By Ms. Coogan) Okay. And --

11 A And -- excuse me -- I'm relying there -- I
12 notice that Dr. Adams relied on JNC 7, and since -- I'm
13 relying on JNC 8 so -- for that -- those numbers.

14 Q And do you know when JNC 8 came into effect?

15 A In the last two years.

16 Q After 2011?

17 A Yes.

18 And the diastolic blood pressure held in
19 seven as well. So those -- in other words, that is not
20 a point of difference.

21 Q Okay. Before we get ahead of ourselves, let me
22 finish this train of thought.

23 A Okay.

24 Q Do you have an opinion why the McLennan County
25 Sheriff's Office did not give clonidine to him every

1 time his -- you say his blood pressure was high?

2 A I do not -- I can't speculate as to why this
3 was the treatment course that he was given. This is not
4 an acceptable way to treat hypertension. And this is
5 a -- outside of the standard of care at that time to
6 treat in this manner.

7 Q What is, in your opinion, the first-line
8 treatment for hypertension?

9 A So I think, if I understand your question,
10 you're asking for the chronic disease and the chronic
11 day-to-day treatment of hypertension.

12 Q Well, that's a good clarification. Let me ask
13 you.

14 Did Mr. McCollum, in your opinion, have
15 day-to-day chronic hypertension when he came to
16 Hutchins?

17 A In my opinion, he had hypertension and -- the
18 opinion is yes, he did have hypertension. He had been
19 diagnosed with it previously. We have blood pressures
20 in the records that show hypertensive blood pressures,
21 and he had hypertension.

22 Q And is it your opinion that he did not have
23 intermittent hypertension?

24 A Well, whether or not somebody has a diagnosis
25 of hypertension, all of our blood pressures go up at

1 some time and go down at some time.

2 So there will be intermittent changes in
3 the blood pressure readings, but it's -- I don't -- it's
4 my opinion that he had hypertension. Sometimes the
5 blood pressure readings were higher; sometimes they were
6 lower depending on the -- on a number of factors. But
7 in any case, he had hypertension in my opinion.

8 Q Did he have chronic hypertension?

9 A Yes.

10 Q And in your opinion, if you had been treating
11 this patient, what medication would you have prescribed?

12 A Well, the recommendations are to start with a
13 diuretic such as hydrochlorothiazide.

14 Q Do you have any complaint the fact that
15 Mr. Babbili prescribed hydrochlorothiazide for this
16 patient?

17 A No.

18 Q While he was at the McLennan County Jail, did
19 he receive any treatment for diabetes?

20 A No.

21 Q And when he came in to McLennan County, did he
22 report currently having diabetes?

23 A The medical record does not have diabetes
24 checked off. Now, I'm not certain as to who was
25 actually marking that, if it was himself with the chart

1 Q Okay. Now, I'm going to change and go to
2 Hutchins intake now.

3 A Okay.

4 Q Okay. And so that's Exhibit 14.

5 A I'll give you that one back.

6 Q Okay. And I'm going to give you this one
7 because this is actually the original. And show you --
8 direct your attention to page 27 of Exhibit 14. And is
9 that an intake form that is used -- or if you know --
10 when inmates go to Hutchins Jail?

11 A It appears to be that. It says "Correctional
12 Managed Care Intake History and Health Screening."

13 Q Did Mr. McCollum, at least by this document,
14 indicate that he was diabetic?

15 A Yes.

16 Q Where does he indicate that he was diabetic?

17 A Excuse me. He -- I started at the top, and
18 that is the family history -- excuse me. That's the
19 family history of diabetes that I was referring to in
20 error.

21 Q Okay.

22 A Okay. Now, the personal history, he has also
23 circled -- somebody has circled the word "diabetes,
24 yes." That's number seven.

25 Q Okay. And can you tell if he indicates if that

1 is a current problem or a historical problem?

2 A Well, when we ask patients if they have a
3 history of an illness, that is -- refers for chronic
4 illnesses to, did you ever have it and do you have it.
5 Both of those are answered by that.

6 MS. COOGAN: Objection, nonresponsive.

7 Q (By Ms. Coogan) Can you tell from this record
8 whether that is a current problem or an historical
9 problem?

10 MR. EDWARDS: Objection, asked and
11 answered.

12 Q (By Ms. Coogan) Or are you making an
13 assumption?

14 MR. EDWARDS: Objection, asked and
15 answered. Argumentive.

16 THE WITNESS: The -- the -- having been a
17 physician for 27 years, I'm speaking to the usual way to
18 document, in the current tense, a medical problem. In
19 other words, this is not so much an assumption as it is
20 based on the meaning of -- the personal history.
21 Diabetes, when someone says yes, that means they have
22 diabetes in the present. So to answer your question,
23 that means in the present.

24 Q (By Ms. Coogan) Okay. I thought you testified
25 earlier that there was no uniform way of documenting

1 A No.

2 Q In your opinion, did Mr. McCollum have
3 diabetes?

4 A Yes.

5 Q And what is your opinion based on?

6 A The -- my opinion is based on his telling his
7 family that he was diagnosed with diabetes earlier in
8 Waco.

9 Q Really? Where did you learn that?

10 A From the deposition testimony of his family.

11 Q And it's your opinion that he told his family
12 he had diabetes?

13 A Well, that's from the deposition of those
14 people.

15 Q Okay. Where else did you get your opinion?

16 A They had several blood sugars that were
17 elevated. He --

18 Q Which blood sugars were elevated?

19 A The blood sugar of 130 on the morning of 7/20.
20 This was elevated. He had hemoglobin A1c of 6.2. He
21 was massively obese, which is a major risk factor for
22 diabetes.

23 Q What does the American Diabetes Association --
24 do you consider the American Diabetes Association, the
25 International Diabetes Federation, and the European

1 Association for the Studies of Diabetes to be reputable
2 sources for diagnosis of diabetes?

3 A I -- they are reputable; however, there's
4 disagreement. And I also think that the New England
5 Journal -- and there are many other sources that discuss
6 the subtleties of the diagnosis of diabetes.

7 Q Do you think the American Diabetes Association
8 and the International Diabetes Federation and the
9 European Association for the Study of Diabetes probably
10 have some understand of the subtleties involved in the
11 diagnosing diabetes?

12 A Yes.

13 Q Do you know what those organizations use as the
14 standard for when a person's Alc should be diagnosed as
15 diabetic or as having diabetes?

16 A Well, the cutoff of 6.5 of hemoglobin Alc is
17 one of them. The -- and random glucose above 200 is one
18 of them.

19 Q Do you --

20 MR. EDWARDS: Are you done, doctor?

21 THE WITNESS: Well, I just want to say
22 that when -- when these numbers from these international
23 and national organizations are taken, there is a
24 clinical context in which they're applied. Any single
25 number -- for example, 6.5 is taken by the American

1 Diabetes Association to provide some clinical guidelines
2 regarding risk primarily of retinopathy and diabetes.
3 That's how that number was established.

4 The more nuanced approach is to -- to look
5 at an individual. So these statistics and these
6 recommendations, when applied by a physician to an
7 individual, there is room there for -- as was brought up
8 in the New England Journal and many other, including the
9 American Diabetes Association and the other
10 organizations -- there's some nuance to -- to the value
11 with the establishment of diabetes.

12 So 6.5 is a number that was derived to
13 indicate an abrupt rise in the risk of retinopathy.
14 That does not mean that somebody with 6.2 is -- does not
15 have -- is not diabetic. If that person has got a
16 49-point-something BMI and if the person is -- has
17 elevated fasting blood sugars, all of those things would
18 be taken together.

19 And as -- the article I've shown you, the
20 New England Journal has a nice review of this subject.
21 And there are many other reviews on the subject.

22 The -- the nuance piece there is that all
23 of this has to do with prognosis in terms of treatment,
24 lifestyle changes. It's not as if -- if you're not 6.5
25 period, you don't have diabetes. So that is a

1 mischaracterization of the meaning of 6.5. And should
2 we -- should -- want to discuss it more, but 6.5 has a
3 certain sensitivity and specificity with regards to
4 diabetes and every risk. So it's not as cut-and-dry as
5 the American Diabetes and so forth. These are
6 guidelines for the discussion with the patient about
7 risks, lifestyle changes, and treatment.

8 But to take that particular number in the
9 context of, if you're not 6.5, you don't have diabetes
10 is a misapplication of a single lab value. In this
11 case, his hemoglobin A1c was 6.2. All of these
12 organizational bodies recommend repeating the value and
13 taking it in the context also of the blood sugars and
14 the entire clinical picture.

15 Q (By Ms. Coogan) Okay. And Mr. McCollum's A1c
16 was 6.2; is that right?

17 A Yes.

18 Q Do you consider yourself an expert in diabetes?

19 A I'm not a diabetologist. I'm a physician who's
20 treated thousands of patients with diabetes and have
21 diagnosed diabetes hundreds and hundreds of times in the
22 emergency department. And this is a very common
23 question. There are physicians who dedicate their
24 careers only to the study of diabetes. I am not one of
25 those people.

1 have heat stroke; some morbidly obese people don't have
2 heat stroke. And so I am asking you whether that means
3 that -- who is going have heat stroke and who isn't,
4 that there's no real predictability for that; is that
5 fair?

6 A I think that there are certain people who are
7 at greater risk and we cannot always predict exactly who
8 those people are, especially when we compare a group of
9 people with the same risk factors, obesity and
10 hypertension. But I think that everybody with obesity
11 and hypertension and cardiomyopathy are at risk.

12 So I don't want to opine about
13 air-conditioning. My -- I think that the conditions at
14 Hutchins are dangerous for everybody because of the
15 temperatures in the hundreds in the living areas, and
16 that includes corrections officers.

17 Do I think that this is a dangerous
18 temperature for everybody? Yes, I do.

19 Is it more dangerous for some people than
20 others? Yes.

21 Should the facility, in order to be safer
22 for everybody who enters that facility and stays there,
23 should it be cooler? Yes.

24 I'm not making a recommendation as to how
25 that should be done. I'll leave that to the mechanical

1 him at that time?

2 A Yes.

3 Q Okay. Can there be a difference in how
4 convulsions appear versus how a seizure appears?

5 A It's the same thing. Convulsions are seizures
6 and seizures are convulsions.

7 Q And in your experience, do you call 9-1-1 for a
8 seizure event?

9 A I'm a physician. I don't call 9-1-1. I am
10 9-1-1. However, if I came out on the street and I saw
11 someone having a seizure, I would call 9-1-1.

12 Q What about if you're working in a correctional
13 institution and you have people who come out of seizures
14 all the time, would you recommend that every time
15 there's a seizure 9-1-1 is called?

16 A This seizure was -- the answer to your question
17 is no. But my point of view is different in this case.
18 The man's body felt hot. He was -- and he was hot to
19 the touch and he was convulsing and the temperature was
20 a hundred.

21 Q Okay.

22 A Those things make the circumstances different
23 here than every man who has a seizure. And a lot of
24 people, they know they have seizures.

25 Q So in your view -- and correct me if I'm

1 wrong -- Mr. Clark should've known that this was
2 something more than a seizure based upon --

3 A No.

4 Q -- the convulsing, the temperature, and the
5 temperature of his skin, and the temperature of the
6 dorm?

7 A Yes.

8 Q Okay. He should've been able to draw the
9 conclusion that this was a life-threatening emergency
10 and he needed to make that call?

11 A Well, every seizure is a life-threatening
12 emergency whether or not we call 9-1-1 or get a history.
13 I mean, seizures kill people all the time without heat
14 stroke. People lose their airway and -- and seizures
15 have a potential to cause death.

16 Q So do we call 9-1-1 for every seizure, or do we
17 let some of them try to resolve themselves and ride them
18 out? Or is it a case-by-case basis, Doctor?

19 MR. EDWARDS: Objection, foundation.

20 THE WITNESS: It's -- who is "we"?

21 Q (By Mr. Garcia) Well, you just testified that
22 you don't advise people call 9-1-1 for every seizure
23 event. Did I -- am I mischaracterizing --

24 A I didn't say that.

25 Q Okay. What did you testify earlier to in

1 Mr. Clark calling her until essentially the end of the
2 incident. Do you recall that?

3 A Mm-hmm.

4 Q And I'd like to know, if you can, tell me what
5 Sergeant Tate did that was inappropriate in this
6 situation, at least as it faced her when she arrived.

7 A Well, the -- she should have had called 9-1-1.
8 So here we have someone who's having a seizure, which
9 Mr. Clark observed. She's observing the same seizure.
10 There's a time component here. She also is carrying a
11 card and has the training, and 9-1-1 is part of that
12 training, and Dr. Murray said it's part of that
13 training. And so we're in an environmental condition
14 that is being taught to -- they're being taught what to
15 do, and part of -- 9-1-1 is part of that and
16 individually taught.

17 And in the meantime, nobody called 9-1-1.
18 Time is passing. So the call came in to 9-1-1 at
19 3:05 a.m., but the testimony of the officers and
20 everybody else says it was about 2:10 when this whole
21 activation started. So we've lost 55 minutes.

22 Q Okay. Now, you're aware that theses officers
23 each arrived in sequence --

24 A Yes, I am.

25 Q And so each one was not there for the entire

1 Q (By Mr. Garcia) Are you aware of that?

2 A Well, I know that someone called 9-1-1, and I
3 know that the medical person on the other end of the
4 phone tried to ascertain if he had had a history of
5 seizures and said call 9-1-1. So I'm not exactly sure
6 at this moment if that phone call originated from the
7 nurse. I don't quite remember; although, I know there
8 was a call back to a health professional to say how is
9 it going. So that makes me think that call was between
10 two health care professionals.

11 Q Now, convulsions and seizures are exactly the
12 same. They look exactly the same; is that correct?

13 A They're exactly the same thing.

14 Q The only thing that would be different to some
15 extent in a heat event would be the heat of the skin; is
16 that correct? Is that what you're telling me?

17 What the officer should've been aware of
18 that should've made them know that this was a heat
19 exhaustion event was -- it's not just the seizures,
20 because that could be a seizure event also, right? It's
21 the heat of the skin; that's the difference you're
22 telling me?

23 A No. I'm not simplifying it like you're
24 simplifying it. I'm saying that there was a set of
25 circumstances. They were in hot conditions. Everybody

1 knew it was a hundred degrees all day. That was the
2 temperature. Everybody knew it was hot there. And
3 they're hot themselves. And they are trained about
4 the -- and warned repeatedly about the situation. They
5 see -- and -- and they come upon a man who is
6 unresponsive, has a seizure, and now 55 minutes pass
7 where he's still unresponsive. They can feel that he's
8 hot; whether they did or they didn't, it doesn't matter.
9 It could have been no heat stroke. This man needed
10 9-1-1. Whether they did or didn't appreciate the
11 feeling of his skin and his appearance, I don't know.

12 But any man on the street -- you don't
13 have to be a corrections officer -- recognizes that when
14 somebody is having seizures and unresponsive for 55 --
15 for 5, 10, 15 minutes, whatever it is, they need an
16 ambulance and they need to go somewhere.

17 Q Have you ever seen seizures that resolved after
18 10 minutes with nothing wrong with the person?

19 A Hundreds of times.

20 Q Okay. Now, you are also aware that the unit is
21 taking certain activities to try to help with the heat
22 conditions, are you not?

23 A Yes.

24 Q Okay. And some of these things are access to
25 ice water, to have plenty of ice water. Are you aware

1 actually, all of the officers could have started cooling
2 measures and called 9-1-1 according to their training
3 and the fact that this was clearly an emergency.

4 Q In the face of a clear emergency, can you think
5 of any reason to delay contacting 9-1-1 for 55 minutes?

6 A No.

7 Q Okay. How would you describe such action?

8 A I would describe it as unacceptable and a
9 contributor to this man's death from heat stroke.

10 MR. EDWARDS: Okay. We'll reserve the
11 rest of our questions for trial. Thank you.

12 MS. COOGAN: I just have a couple. And
13 I'm sorry.

14 EXAMINATION

15 BY MS. COOGAN:

16 Q Do you know how many people in 2011 in Texas in
17 the free world died from heat stroke?

18 A The -- the answer is, I don't know. Those
19 kinds of numbers usually come out with the CDC. The CDC
20 reported on the Arizona heat deaths -- and there were a
21 number of them, but not on the Texas deaths, if there
22 were. We know there are. But -- so I don't know the
23 answer.

24 Q If the percentage of people who died in the
25 free world is the same or less than the percentage of

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

STEPHEN McCOLLUM, et al.,)
Plaintiffs,)
v.) CIVIL ACTION
NO. 3:12-CV-02037
BRAD LIVINGSTON, et al.,)
Defendants.)

REPORTER'S CERTIFICATION
ORAL DEPOSITION OF
SUSI VASSALLO, M.D.
March 5, 2014

I, Dalia F. Inman, Certified Shorthand
Reporter in and for the State of Texas, hereby certify
to the following:

That the witness, SUSI VASSALLO, M.D., was
duly sworn by the officer and that the transcript of the
oral deposition is a true record of the testimony given
by the witness;

I further certify that pursuant to FRCP Rule
30(f)(1) the signature of the deponent:

 X was requested by the deponent or a party
before the completion of the deposition and returned
within 30 days from date of receipt of the transcript.
If returned, the attached Changes and Signature page

ORAL DEPOSITION OF SUSI VASSALLO, M.D.

1 contains any changes and the reasons therefor;

2 _____ was not requested by the deponent or a
3 party before the completion of the deposition.

4 I further certify that I am neither attorney
5 nor counsel for, related to, nor employed by any of the
6 parties to the action in which this testimony was taken.
7 Further, I am not a relative or employee of any attorney
8 of record in this cause, nor am I financially or
9 otherwise interested in the outcome of the action.

10 Subscribed and sworn to on this the 13th day
11 of March, 2014.

12
13 
14

15 Dalia F. Inman, CSR 7423
16 Expiration: 12/31/2015
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
 McCOLLUM, individually, and STEPHANIE §
 KINGREY, individually and as independent §
 administrator of the Estate of LARRY GENE §
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
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DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 299

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

STEPHEN McCOLLUM, STEPHANIE *
KINGREY, and SANDRA *
McCOLLUM, individually and *
as heirs at law to the *
Estate of LARRY GENE *
McCOLLUM, *
Plaintiffs, *

VS. *

CIVIL ACTION NO.
3:12-cv-02037

BRAD LIVINGSTON, JEFF *
PRINGLE, and the TEXAS *
DEPARTMENT OF CRIMINAL *
JUSTICE, *
Defendants. *

ORAL 30(b)(6) DEPOSITION OF
TEXAS DEPARTMENT OF CRIMINAL JUSTICE

THOMAS L. VIAN

MARCH 27, 2013

VOLUME 1

Stephen McCollum, et al
Brad Livingston, et al

Texas Department Of Criminal Justice
March 27, 2013

1 ORAL DEPOSITION OF THOMAS L. VIAN,
2 produced as a witness at the instance of the Plaintiffs
3 and duly sworn, was taken in the above-styled and
4 numbered cause on the 27th day of March, 2013, from
5 1:33 p.m. to 4:35 p.m., before KIMBERLY G. KEEPER,
6 Certified Shorthand Reporter in and for the State of
7 Texas, reported by machine shorthand, at the Office of
8 the Attorney General, 300 West 15th Street, 7th Floor,
9 Austin, Texas 78701 pursuant to the Federal Rules of
10 Civil Procedure and that the deposition shall be
11 signature having been waived.

WRIGHT WATSON & ASSOCIATES

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Stephen McCollum, et al
Brad Livingston, et al

Texas Department Of Criminal Justice
March 27, 2013

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Stephen McCollum, et al
Brad Livingston, et al

Texas Department Of Criminal Justice
March 27, 2013

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1 area for inmates to go such as play dominoes in or just
2 have quiet time, and that particular area was needed for
3 a treatment area, some type of treatment or classroom
4 areas for some type of treatment program that was -- or
5 a classroom that was being treated for some type of
6 program that they may have at a particular unit, could
7 be anywhere from -- from some type of drug treatment
8 program that they needed a classroom place and the unit
9 was not originally designed to have a drug treatment
10 program there, so they'd needed a design -- they needed
11 a room with air conditioning in it so that they could
12 have a classroom atmosphere. So the choice was made for
13 that need and it would have been run through the proper
14 channels to be approved and that need addressed through
15 that.

16 Q. Do you know what -- what those channels would
17 be, who -- who would -- whose desk would that have to go
18 over to get approved?

19 A. Yes, sir, it would have had to be the
20 requester.

21 Q. Uh-huh.

22 A. Okay. The requester normally -- it could be a
23 department on the unit, but the requester would be that
24 department on the unit would get the maintenance
25 supervisor.

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1 Q. Uh-huh.

2 A. They would fill out the major work request.
3 That major work request would then be submitted through
4 the unit warden, he would approve it, then that major
5 work request would flow to regional maintenance for the
6 regional maintenance manager to look at that request, to
7 make a determination to make sure that it was accurate
8 and had all the necessary requirements and materials
9 that would be needed to complete that task if he was
10 able to provide that, or it would be designated on there
11 that engineering assistance would be needed. It would
12 flow from there to the regional director of CID, in one
13 of the six regions, it would then flow from there to the
14 CID leadership, which would be Mr. Stephens and
15 Mr. Thaler for their approval process. Before it got to
16 Mr. Stephens and Mr. Thaler, if there was another
17 division, that division director would have to sign off
18 on it.

19 Q. When you say if there was another division,
20 what do you mean?

21 A. Well, if agriculture was needing it or it was a
22 medical type thing that was needed and somebody in
23 medical that was the liaison for -- for that particular
24 branch would need to sign off to it to attest that there
25 is truly a need.

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1 Q. So if the -- just as a hypothetical, if the
2 medical department at the Hutchins unit were to say, "We
3 need to repurpose the multipurpose room for medical
4 treatment and it's going to have to be air conditioned,"
5 then it would have to go through the medical -- like the
6 health services department at TDCJ, too, as opposed to
7 if Warden Pringle said we need a -- to air condition a
8 multipurpose room for some programatic reason that's not
9 related to medical; is that --

10 A. Yes.

11 Q. -- a fair --

12 A. Yes, sir.

13 Q. -- assessment? Okay.

14 And you said that who -- the requester
15 would initiate the process. That would be like the --
16 for example, if like the principal of the school at the
17 prison said, "We need the multipurpose room," that
18 person would be the requester; is that fair?

19 A. Could be, yes, sir.

20 Q. Okay.

21 A. Could I finish the process?

22 Q. Oh, I'm sorry.

23 A. Okay.

24 Q. I apologize, I thought you had.

25 A. No, sir. No, sir. When it's completed by the

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1 CID leadership --

2 Q. Uh-huh.

3 A. -- which would be Mr. Stephens and Mr. Thaler
4 has to sign off on it, then it would come to the
5 facilities division, and at that time it would be given
6 a tracking number or an MWR approval. It could be
7 declined at any one of those levels. When it comes to
8 the facilities division, then it's given a number.

9 Q. Uh-huh.

10 A. Okay. At this day and time, it meets a
11 committee. The committee decides on what the -- the
12 need is and which category it would fall into. If that
13 request is less than \$50,000, then it does not have to
14 leave the facilities division -- or let me say this: If
15 the overall cost is less than 50,000, because there is
16 engineering fees and overhead that has to be added to it
17 of the agency.

18 If it's less than \$50,000, then it stays
19 in-house there at the -- in the facilities division. If
20 it's more than \$50,000, it goes to what's referred to as
21 an FRB, which is the facilities review board. It's a
22 four-member board chaired by Mr. Collier. Okay. If
23 it's greater than 500,000 and less than a million --

24 Q. Uh-huh.

25 A. -- it has to have the executive leadership;

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1 Mr. Livingston has to sign off on it. If it's greater
2 than a million dollars, then it has to go to the TDCJ
3 Board of Criminal Justice and you have to get on their
4 agenda many months in advance to get on that agenda for
5 approval.

6 In between that process, it normally has
7 to be designed, it has to be bid out, and all that takes
8 long terms of time because the way that the -- the
9 agency is set up by legislative mandates. And there
10 also has to be a funding source.

11 Q. And when you say a funding source, that could
12 mean, you know, that there was left -- extra money left
13 over in the budget from the previous year that could be
14 applied to that or that could mean that there needs to
15 be a legislative appropriation. Are those the types of
16 funding sources that you --

17 A. Yes.

18 Q. Okay. Theoretically, someone could give the
19 prison a grant for --

20 A. I don't -- I have never heard of a grant, but I
21 don't know -- most money comes through --

22 Q. Sure --

23 A. Well, I take it back. Yes, there is -- there
24 are grants where we build -- that we have built chapels
25 where an outside group will pay for that cost. So I

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1 guess you could consider that a grant.

2 But yes, there has to be a funding source,
3 and depending on what the legislature has granted us,
4 bond funds -- and all of those processes, if it's
5 greater than \$500,000, it's paid for out of bond funds
6 and those bonds funds are granted by the legislature
7 every two years and that amount is determined, it's not
8 a set amount. The legislature determines how much money
9 that they're going to fund for the biennium. This year
10 the rumors are it's either 38 or 50 million. It's been
11 as high as 80 million.

12 Q. And that -- that bond fund, is that used for --
13 is that earmarked for construction or --

14 A. It's --

15 Q. -- what is that -- what is that used?

16 A. It's earmarked for renovations and construction
17 and -- minor construction. Major construction, any --
18 any expansion of beds have to be -- have legislative
19 approval.

20 Q. So even if there were -- you wanted to install
21 a bed and it would only cost \$5,000, you'd -- or less
22 than \$5,000, you'd still have to go through the
23 legislature for that; is that fair?

24 A. There are certain rules, and I'm not exactly
25 familiar with them, because we -- when we closed down

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1 central, we actually moved those beds to different
2 locations. There is a process, a de minimus process
3 that they can add a percentage of beds without
4 legislative approval, but they have to have public
5 hearings --

6 Q. Uh-huh.

7 A. -- this, that and the other to approve that
8 process. That's laid out by the legislature on what
9 that process is, but if we decided that we wanted to
10 take part of this money that the legislature
11 appropriates and we want to go build a thousand bed
12 brand new prison out here, it can't happen. The
13 legislature is the only one that's got approval to do
14 that.

15 Q. Okay. So there is some minimal number -- de
16 minimus number of beds that you could do without getting
17 the legislature to approve, but at some point there is a
18 number that they have to approve all additional --

19 A. Yes, sir.

20 Q. -- beds.

21 A. Any new building or new prison that would be
22 built would have to be legislatively mandated and
23 approved.

24 Q. Okay. Let's -- obviously I cut you off when we
25 were going over this, so let's go back and go over it.

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1 I've got some additional questions about the -- the
2 process you've just described to me. Let's see.

3 So there is a different -- it sounds like
4 the -- there is -- the more money basically a project
5 costs, the more levels of scrutiny it has to go through;
6 is that --

7 A. Yes, sir.

8 Q. -- fair?

9 Okay. You said that if a -- there -- if
10 it's more than \$50,000, it has to go through a committee
11 that's chaired by Mr. Collier.

12 A. Yes, sir. Can I -- can I back up and
13 clarify --

14 Q. Please.

15 A. -- something on that?

16 Q. Uh-huh.

17 A. That is with the exception of direct
18 replacement.

19 Q. Uh-huh.

20 A. Okay? Direct replacement is when I'm taking
21 out a piece of equipment and I'm replacing it with the
22 same like piece of equipment. We don't have to have
23 approval until \$500,000 there.

24 I am in the process -- or we are in the
25 process of replacing many air handling units, air

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1 conditioning units throughout the state, and we do this
2 on a regular basis, that they cost like \$350,000 apiece.
3 Okay? Those do not take the approval of the FRB board,
4 although the FRB board has to approve me a lump sum of
5 money for direct replacement purposes and maintenance
6 less than 50, because those are bond funds that's still
7 spent. I ask for X number of dollars periodically when
8 we have these FRBs to where I have a amount of money
9 that I can -- we can make decisions on to replace
10 equipment that's needed to be replaced, whether it be
11 hot water heater, boilers.

12 We have a project going on at the Montford
13 unit now that we are replacing the chilled water system
14 and putting new chillers in -- in there, new --
15 rebuilding the existing cooling tower, and then we have
16 large numbers of units where we are replacing the air
17 conditioning unit on a lot of the medical facilities
18 that we're replacing in the medical, some of it in
19 administration, particular parts of the building.
20 Sometimes it has to do with -- with like
21 administrative-segregation parts of it -- of a prison.

22 The Allred unit, for example we are fixing
23 to change the chillers out for 12 Building there. Most
24 of the 2250s, we have changed those chillers out within
25 the last three years because basically the life span on

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1 those pieces of equipment are about 20 years.

2 Q. Is about how many years?

3 A. About 20 years.

4 Q. 20 years? Uh-huh.

5 A. Most of those got their life expectancy. We
6 have already changed many of them out. We are in the
7 process, you know, because of the age. So we're
8 constantly asking for money on that direct replacement
9 fund.

10 Q. Okay.

11 A. So that -- that fund is where we -- there is an
12 exception to the -- to the over 50,000-dollar.

13 Q. So the direct replacement funds, if you're
14 swapping out a 20-year-old heating unit that's about to
15 break or maybe already has broken, that where the
16 replacement cost is \$100,000, for example, you wouldn't
17 have to go through that FRB process because you're
18 essentially swapping like for like.

19 A. Yes, sir.

20 Q. Okay. Now, you said that you're in the process
21 of replacing a number of air conditioning and air
22 handler units at a number of different facilities
23 because the -- a whole bunch of these facilities were
24 built in the 1990s and presumably they're running up on
25 the life span of the mechanisms that were installed;

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1 is --

2 A. Yes, sir.

3 Q. -- that fair?

4 A. Yes, sir.

5 Q. Does that mean -- are you then familiar with
6 the cost of a new air conditioning unit versus the cost
7 of a -- the H -- a heating unit that doesn't air
8 condition?

9 A. Familiar, yes, sir.

10 Q. What --

11 A. Not exact cost.

12 Q. That's fine, I don't need you to be to dollars
13 and cents, but what is the cost difference between one
14 of the air conditioning units that you've been
15 describing versus one of the heating units that you've
16 described?

17 A. A air handling unit that is just going to heat
18 and provide air ventilation would be roughly 35 to
19 40 percent of the cost of a like unit that has the air
20 conditioning components in it.

21 Q. So a -- and I'm about to try to do math, so I
22 have to warn you that this could get dangerous. An air
23 handler -- if the air conditioning unit costs \$100,000,
24 you would expect the air handler unit that doesn't air
25 condition, just provides heat, to be 30 to \$40,000. Is

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1 that --

2 A. Yes, sir. I can -- I can --

3 Q. More or less?

4 A. Yes, sir, that's more or less. And I'm not
5 going to challenge your math, let me give you some
6 realistic figures that -- that we're looking at. Some
7 328,000-dollar units that provide air conditioning, we
8 are putting in some very similar units at another
9 location -- and this is just equipment, not labor costs,
10 not for contractors doing it, we're doing it with our
11 labor -- you're looking at about \$328,000 versus about
12 118,000, I believe the figures were. Now, I don't want
13 you to quote me exact on that, but that's -- that's
14 roughly the difference on the same type of units. The
15 only difference in the 358,000 is it does have the air
16 conditioning capability built within that system.

17 Q. So that might be -- the 358,000 might buy you a
18 chiller unit that would --

19 A. An air conditioning unit.

20 Q. An air conditioning unit that -- running on
21 refrigerated air or a water chiller like you described?

22 A. Refrigerated air.

23 Q. Okay. So that would be less expensive than a
24 chiller unit for the reasons we talked about before.

25 A. Yes, sir.

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1 Q. Okay. And those -- those two numbers that you
2 just approximately quoted me, again I'm not trying to
3 hold you to anything, but 358 versus 128; is that the --
4 A. I think it was 118.
5 Q. 118. Around 350 and around 120, can we round
6 to --
7 A. Uh-huh.
8 Q. -- for the purposes of this? Would those two
9 units, would those heat or cool the same amount of
10 space?
11 A. Roughly.
12 Q. Roughly.
13 A. Yes, sir.
14 Q. Okay. And then I assume, because the
15 difference -- if you were to -- if you wanted to swap
16 a -- an AC unit for an old exhausted heat unit, you
17 would need to go through this FRB process because the
18 difference between those two systems is more than
19 \$50,000.
20 A. Yes, sir.
21 Q. Is that correct? Okay. Okay.
22 A. Can I add --
23 Q. Please.
24 A. Because you're changing, you're not doing your
25 direct for direct --

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1 Q. Uh-huh.

2 A. -- to have to go through the FRB process, but
3 you also have to have a design on it.

4 Q. Yeah. Let's -- let's hold off on that for a
5 second. I want to talk a little bit more about the FRB
6 process and then we'll -- I want to talk about that,
7 too, but you've given me this long list of things; I
8 don't want to forget what --

9 A. That's fine.

10 Q. So the FRB process, that has to go through a
11 committee that's chaired by Mr. Collier. Who -- and
12 Mr. Collier is the deputy director?

13 A. Yes, sir. Mr. Livingston is deputy director.

14 Q. He is right below Mr. Livingston.

15 A. Yes, sir.

16 Q. Okay. And you said there is a committee that
17 he chairs. Who else is on that committee?

18 A. That committee has Mr. McGinty on it, which is
19 the chief financial officer, Mr. --

20 Q. Okay.

21 A. -- Mr. Thaler which is the correctional
22 institution division's director.

23 Q. Uh-huh.

24 A. And Mr. Frank Inmon, which is the facilities
25 division director.

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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

STEPHEN McCOLLUM, STEPHANIE *
KINGREY, and SANDRA *
McCOLLUM, individually and *
as heirs at law to the *
Estate of LARRY GENE *
McCOLLUM, *
Plaintiffs, *
VS. * CIVIL ACTION NO.
3:12-cv-02037
BRAD LIVINGSTON, JEFF *
PRINGLE, and the TEXAS *
DEPARTMENT OF CRIMINAL *
JUSTICE, *
Defendants. *

REPORTER'S CERTIFICATION
ORAL 30 (b)(6) DEPOSITION OF
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
THOMAS L. VIAN
MARCH 27, 2013
VOLUME 1

I, KIMBERLY G. KEEPER, Certified Shorthand
Reporter in and for the State of Texas, hereby certify
to the following:

That the witness, THOMAS L. VIAN, was duly
sworn by the officer and that the transcript of the oral
deposition is a true record of the testimony given by
the witness;

I further certify that pursuant to FRCP
Rule 30(f)(1) that the signature of the deponent:

Stephen McCollum, et al
Brad Livingston, et al

Texas Department Of Criminal Justice
March 27, 2013

1 _____ was requested by the deponent or a
2 party before the completion of the deposition and is to
3 be returned within 30 days from date of receipt of the
4 transcript. If returned, the attached Changes and
5 Signature Page contains any changes and the reasons
6 therefor;

7 XXX was not requested by the deponent or a
8 party before the completion of the deposition.

9 I further certify that I am neither
10 counsel for, related to, nor employed by any of the
11 parties or attorneys to the action in which this
12 proceeding was taken. Further, I am not a relative or
13 employee of any attorney or record in this cause, nor am
14 I financially or otherwise interested in the outcome of
15 the action.

16 Subscribed and sworn to on this the 8th
17 day of April, 2013.

18 
19
20

21 KIMBERLY G. KEEPER, TEXAS CSR No. 2162
22 Expiration Date: 12/31/13
23 WRIGHT WATSON & ASSOCIATES
24 Firm Registration No. 225
25 Firm Expiration: 12/31/13
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
 McCOLLUM, individually, and STEPHANIE §
 KINGREY, individually and as independent §
 administrator of the Estate of LARRY GENE §
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 300

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM and)
SANDRA McCOLLUM,)
individually and STEPHANIE)
KINGREY, individually and as)
independent administrator) Civil Action
of the Estate of LARRY GENE)
McCOLLUM,)
) Number 4:14-CV-3253
Plaintiffs,)
)
vs.)
)
)
BRAD LIVINGSTON, JEFF)
PRINGLE, RICHARD CLARK,)
KAREN TATE, SANDREA)
SANDERS, ROBERT EASON,)
THE UNIVERSITY OF TEXAS)
MEDICAL BRANCH and THE)
TEXAS DEPARTMENT OF)
CRIMINAL JUSTICE,)
)
Defendants.)

ORAL AND VIDEOTAPED DEPOSITION OF
ROBERT LEWIS WILLIAMS, MD, CCHP, CPH

MARCH 07, 2016

1 ORAL AND VIDEOTAPED DEPOSITION OF ROBERT
2 LEWIS WILLIAMS, MD, CCHP, CPH, produced as a witness
3 at the instance of the PLAINTIFFS, and duly sworn,
4 was taken in the above-styled and numbered cause on
5 MARCH 07, 2016, from 9:31 a.m. to 7:31 p.m., before
6 Melody Renee Campbell, CSR in and for the State of
7 Texas, reported by method of machine shorthand, at
8 the offices of the Attorney General, 300 West 15th
9 Street, Austin, Texas, pursuant to Notice and Court
10 Order and the Federal Rules of Civil Procedure.

A P P E A R A N C E S

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RICHARD CLARK, KAREN TATE, SANDREA SANDERS, ROBERT
EASON, THE TEXAS DEPARTMENT OF CRIMINAL
JUSTICE: ^ add boyd

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ALSO PRESENT:

Mr. Kevin J. Schaefer (Videographer)
Shanna Molanre
Ashley Palermo
Deborah Woltersdaz
James Rheams
Jennifer Ostreen

1 likely reason they die is from a disarrhythmia,
2 which means the heartbeats in an abnormal manner and
3 that -- that's not compatible with life.

4 So in the course of the field the
5 cardiology, medications were created that can
6 prevent abnormal rhythms. And so someone -- it
7 became practice, for a while, that when someone was
8 diagnosed with heart attack while they were in the
9 hospital, one of these medications, called an
10 anti-dysrhythmogenic agent, would be initiated.

11 What they found -- even though that
12 made common sense and seemed like a sensible
13 approach, what they found in reality is, the people
14 who were started on the anti-dysrhythmogenic agents
15 actually died at a faster rate than the people who
16 had not been started.

17 And with hindsight what was realized
18 is the medication that can stop stop a disarrhythmia
19 can also be dysrhythmogenic and it can -- in the
20 heart that has no indication of abnormal rhythms,
21 that medication can actually, instead of preventing
22 the abnormal rhythm from ever happening, can
23 stimulate the heart to have the abnormal rhythm.

24 **Q. If you were to fall out of your chair**
25 **during this deposition and have a seizure and be**

1 nonresponsive, what should someone at this table do
2 100 times out of a hundred?

3 A. All emergency services.

4 Q. Okay. In light of the budget cuts,
5 there's been testimony at different times in
6 different cases that officers, correctional officers
7 receive training about the need to contact emergency
8 services. Are you aware of any such training? And
9 I'm talking about prior to the summer of 2011.

10 A. With the time constraint I have no
11 knowledge of what correctional officers have been
12 taught.

13 Q. What's been represented to us, I believe,
14 in testimony -- may be from Dr. Linthicum but I
15 can't be exactly positive -- is that in light of the
16 budget cuts and the fact that there were going to be
17 fewer hours of care available at certain units, that
18 training was given to officers about the need to
19 contact emergency services if they encountered
20 particular situations.

21 Were you involved in any way, in any
22 discussion relating to increase the training in
23 light of decreasing the staff hours at certain
24 clinics?

25 A. I do not recall participating in any such

1 ROBERT LEWIS WILLIAMS, MD, CCHP, CPH

2 REPORTER'S CERTIFICATE

3 STATE OF TEXAS)

4 McLENNAN COUNTY)

5
6 I, Melody Renee Campbell, Certified Shorthand
7 Reporter in and for the State of Texas, do hereby
8 certify that the foregoing deposition is a full,
9 true and correct transcript;

10 That ROBERT LEWIS WILLIAMS, MD, CCHP, CPH, the
11 witness hereinbefore named, was duly sworn by the
12 officer and that the oral deposition was taken by
13 the officer in machine shorthand on MARCH 7, 2016,
14 and is a true record of the testimony given by the
15 witness;

16 I further certify that the signature of the
17 deponent was requested and is to be returned within
18 30 days from date of receipt of the transcript. If
19 returned, the attached Changes and Signature Page
20 contains any changes and the reasons therefor;

21 That \$ 2537.10 is the deposition
22 officer's charges for preparing the original
23 deposition transcript and any copies of exhibits,
24 charged to PLAINTIFFS ;

25 I further certify that I am neither counsel

1 for, related to, nor employed by any of the parties
2 in the action in which this proceeding was taken,
3 and further that I am not financially or otherwise
4 interested in the outcome of the action.

5 Subscribed and sworn to on this the 22nd day of
6 March 2016.

7
8 
9

10 MELODY RENEE CAMPBELL, RMR, CRR
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13 Austin, Texas 78748
14 512.320.8690
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CHANGES AND SIGNATURE

RE: McCOLLUM v. LIVINGSTON

WITNESS: ROBERT LEWIS WILLIAMS, MD, CCHP, CPH

PAGE/LINE	CHANGE	REASON
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I, ROBERT LEWIS WILLIAMS, MD, CCHP, CPH,
have read the foregoing deposition and hereby affix
my signature that same is true and correct, except
as noted above.

Robert Williams, MD, CCHP, CPH - 3/7/2016

314

CHANGES AND SIGNATURE

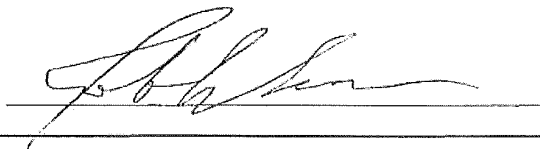
RE: McCOLLUM v. LIVINGSTON

WITNESS: ROBERT LEWIS WILLIAMS, MD, CCHP, CPH

PAGE/LINE	CHANGE	REASON
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Please see attached list of corrections.

I, ROBERT LEWIS WILLIAMS, MD, CCHP, CPH,
have read the foregoing deposition and hereby affix
my signature that same is true and correct, except
as noted above.



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Plaintiffs' MSJ Appx. 7048

Deposition Changes and Corrections: McCollum v. Livingston

Deposition Witness: Robert Lewis Williams, MD, CHP, CCHP on March 7, 2016

Page/Line	Change	Reason
7/25	"hyperthermia" instead of <i>hyperthermic</i>	To correct transcription error
8/1-2	It was the understanding of Dr Williams that Mr Edwards said "Hutchins" instead of <i>much continues</i> .	To correct transcription error
8/9	"the" instead of shoots other. Delete the word, <i>it</i> .	To correct transcription error
8/23	"Temple" instead of temperature	To correct transcription error
9/1	"wound care and hyperbarics" instead of <i>wound and hyper bar rings</i> .	To correct transcription error
10/4	"hyperbaric" instead of <i>hyperthermia</i>	To correct transcription error
14/23	It was the understanding of Dr Williams that Mr Edwards said "free world" instead of 43.	To correct transcription error
20/4	"Buskirk" instead of <i>Buzz Kirk</i> .	To correct transcription error
22/3	"We" instead of I.	To conform to the facts
24/6	"until" instead of <i>follow</i>	To correct transcription error
24/7	Dr Williams' employment with TDCJ began Dec 10, 2007	To conform to the facts
28/2-3	"2011" instead of 2007	To correct transcription error
28/8-21	My response is consistent with my recollection and perspective. However, on review of additional documentation, I was reminded that I attended the 12/12/07 M&M meeting as part of my orientation. It was my first full day to work in Health Services Division headquarters, and I did not participate in the meeting as a voting member but was merely observing. Although I do not recall any details of cases discussed that day, the 2007 deaths attributed to hyperthermia were discussed in that meeting.	To conform to the facts
30/9	"cut my house in two" instead of <i>gut my house in</i> .	To correct transcription error
30/16	"their" instead of <i>there</i>	To correct transcription error
30/21	"offender" instead of <i>offend</i>	To correct transcription error
31/23	"individual" instead of <i>slid</i>	To correct transcription error
32/15	"concerning" instead of <i>conserving</i>	To correct transcription error
34/11	"begin doing" instead of <i>beginning</i>	To correct transcription error
35/11	Delete "association"	To correct transcription error
36/8	"measures" instead of <i>measured</i>	To correct transcription error
42/14	"Thaler" instead of <i>That I her</i>	To correct transcription error
45/9	"missing" instead of <i>miss</i>	To correct transcription error
47/17	Delete "loose"	To correct transcription error
52/15	"his illness" instead of <i>hisleness</i>	To correct transcription error
56/7	"height" instead of <i>highest</i>	To correct transcription error
60/13	"dentists" instead of <i>dent activities</i>	To correct transcription error
61/8	"general counsel" instead of <i>gentle down</i>	To correct transcription error
62/21	"responding" instead of <i>sponged</i>	To correct transcription error

Deposition Changes and Corrections: McCollum v. Livingston

Deposition Witness: Robert Lewis Williams, MD, CHP, CCHP on March 7, 2016

Page/Line	Change	Reason
63/8	Upon reflection, I recall a telephone conversation when I briefly explained the M&M Review process and was advised to produce the worksheets. However, I do not recall the name of the person to whom I spoke, the office that individual represented, or whether the person was a lawyer.	To conform to the facts
65/23-24	Delete "end you can't hazard a guess"	To correct transcription error
65/25	Delete "when"	To correct transcription error
67/12	"people" instead of <i>female</i>	To correct transcription error
70/13	"mortality" instead of <i>morality</i>	To correct transcription error
71/21	"assists" instead of <i>assistance</i>	To correct transcription error
72/17	Administrative Assistant IVs assisting with M&M Sherry Williford (Jan 1998-Jan 2003) Marjorie Davis-Fletcher (Jan 2003-Dec 2010) Paul Hardy (Jan 2011-May 2012) Marjorie Davis-Fletcher (May 2012-Aug 2012) Krista Greathouse (Aug 2012-Mar 2015) Helen Buendel (Mar 2015-present)	Other: to provide the Information requested
73/3	"mortality" instead of <i>morality</i>	To correct transcription error
77/11	"a list" instead of <i>lace</i>	To correct transcription error
79/12	"result" instead of <i>advance</i>	To correct transcription error
80/15	"without" instead of <i>would you</i>	To correct transcription error
99/21	"whether" instead of <i>wouldn't</i>	To correct transcription error
102/9	"collect or" instead of <i>collector</i>	To correct transcription error
104/5	"in and without" instead of <i>and would you</i>	To correct transcription error
116/12	"mortality" instead of <i>morality</i>	To correct transcription error
117/13	Insert <i>were</i> so that it reads, "results were available", instead of <i>results available</i> .	To correct transcription error
118/15	"the scenario" instead of <i>that scene Joe</i>	To correct transcription error
120/16	Delete "were"	To correct transcription error
121/13	Delete "occurs in"	To correct transcription error
122/6	"it's" instead of <i>ice</i>	To correct transcription error
123/1	Insert <i>meeting</i> so that it reads, "at the next meeting", instead of <i>at the next</i> .	To correct transcription error
123/2	"are" instead of <i>have</i>	To correct transcription error
124/2	"processes" instead of <i>repossess</i>	To correct transcription error
124/10	"prepared" instead of <i>presented</i>	To correct transcription error
124/16	Delete "incidental"	To correct transcription error
125/10	"to" instead of <i>would you</i>	To correct transcription error
126/1	Delete "as"	To correct transcription error
126/11	"establishing" instead of <i>loose dating</i>	To correct transcription error
126/24	Delete "be"	To correct transcription error
128/14	"My" instead of <i>Eye</i>	To correct transcription error
138/22	"performing" instead of <i>telephoning</i>	To correct transcription error

Deposition Changes and Corrections: McCollum v. Livingston

Deposition Witness: Robert Lewis Williams, MD, CHP, CCHP on March 7, 2016

Page/Line	Change	Reason
141/12	"mind" instead of <i>behind</i>	To correct transcription error
152/23	"vertigo" instead of <i>veteran</i>	To correct transcription error
158/21	Change is to "enters" and delete "oats", so the line reads as follows: "So, the clerk enters offender name and number on it,".	To correct transcription error
160/24	"offender" instead of <i>vendor</i>	To correct transcription error
162/16	"headquarters" instead of <i>headaches</i>	To correct transcription error
162/17	"located" instead of <i>locate</i>	To correct transcription error
162/22	"based" instead of <i>basically</i>	To correct transcription error
166/11	"days" instead of <i>dates</i>	To correct transcription error
169/23	"squiggle" instead of <i>angle</i>	To correct transcription error
170/20	"able" instead of <i>anal</i>	To correct transcription error
171/24	Delete "somebody happened to"	To correct transcription error
172/17	"services" instead of <i>offices</i>	To correct transcription error
173/12	"ARRM" instead of <i>arm</i> . It stands for Administrative Review and Risk Management.	To correct transcription error
173/19	Delete "eq"	To correct transcription error
173/23	"OPS" instead of <i>OP</i>	To correct transcription error
184/20	"My" instead of <i>any</i>	To correct transcription error
188/13	This line should end with a period and was not a question.	To correct transcription error
188/24	"mortality" instead of <i>morality</i>	To correct transcription error
190/22	"assigned" instead of <i>say assigned</i>	To correct transcription error
193/16	Delete "marihuana"	To correct transcription error
193/21	"Perspective" instead of <i>percent</i>	To correct transcription error
194/8	"out" instead of <i>sought</i>	To correct transcription error
195/11	"related" instead of <i>relate</i>	To correct transcription error
198/3	"attain" instead of <i>contain</i>	To correct transcription error
198/4	Comma after "consensus"	To correct transcription error
198/5	Comma after "discussion"	To correct transcription error
198/24	Add "listening" after "is"	To correct transcription error
201/2	"were not" instead of <i>worked</i>	To correct transcription error
207/6-7,9	My response is consistent with my recollection and perspective. However, on review of additional documentation, I was reminded that I attended the 12/12/07 M&M meeting as part of my orientation. It was my first full day to work in Health Services Division headquarters, and I did not participate in the meeting as a voting member but was merely observing. Although I do not recall any details of cases discussed that day, the 2007 deaths attributed to hyperthermia were discussed in that meeting.	To conform to the facts
208/20-24	Beginning with "Did Dr Linthicum ever" through lines 21, 22, 23, and 24, this is a question asked by Mr. Edwards. My only response to the preceding question was "I don't think so."	To correct transcription error

Deposition Changes and Corrections: McCollum v. Livingston

Deposition Witness: Robert Lewis Williams, MD, CHP, CCHP on March 7, 2016

Page/Line	Change	Reason
210/13	"compliance" instead of <i>appliance</i>	To correct transcription error
212/14	"ascertain" instead of <i>certain</i>	To correct transcription error
215/14	"less man" instead of <i>Lessman</i>	To correct transcription error
216/16	Add "24" before "hours"	To correct transcription error
219/23	"to" instead of <i>toll</i>	To correct transcription error
220/19	"or" instead of <i>approximate</i>	To correct transcription error
221/8	"co-located" instead of <i>collocated</i>	To correct transcription error
222/6	Add "known" after "have" to read as follows: ...I have known nurses...	To correct transcription error
223/8	"is" instead of <i>ask</i>	To correct transcription error
224/21	"later" instead of <i>rater</i>	To correct transcription error
226/3	"Call" instead of <i>all</i>	To correct transcription error
230/6-8	These lines are still part of Dr Williams's response that began at line 1.	To correct transcription error
233/11	"restrictions" instead of <i>transitions</i>	To correct transcription error
234/25	"department" instead of <i>garment</i>	To correct transcription error
241/5	"one" instead of <i>run</i>	To correct transcription error
242/21	The line should read as follows: "As standing in for Dr. Linthicum's"	To correct transcription error
242/24	"consultation" instead of <i>consult</i>	To correct transcription error
244/25	"Eason" instead of <i>oh son</i>	To correct transcription error
245/21	It was the understanding of Dr Williams that Mr Edwards was referring to George Crippen.	To correct transcription error
247/9-10	These lines were Dr Williams's response to the question in lines 5-7. The sentence was a statement and should end with a period rather than a question mark.	To correct transcription error
256/6	"discussion" instead of <i>discuss or</i>	To correct transcription error
257/8	Delete "he"	To correct transcription error
257/9	"communicating" instead of <i>will availability it</i>	To correct transcription error
260/3	"concern" instead of <i>certain for</i>	To correct transcription error
260/5	"of" instead of <i>and</i>	To correct transcription error
263/6-7	"And, I may have incorrectly assumed that cups were provided" was my response and not a question from Mr. Edwards. The sentence should end with a period rather than a question mark.	To correct transcription error
267/6	"discussed" instead of <i>decreased</i>	To correct transcription error
274/13	"we" instead of <i>he</i>	To correct transcription error
275/5	"extent" instead of <i>innocent</i>	To correct transcription error
276/7	"I am sorry, what do you mean by 17619?" was the response of Dr Williams and not asked by Mr Edwards.	To correct transcription error
277/19	"recreate" instead of <i>regular rate</i>	To correct transcription error
279/13	"measured" instead of <i>meshed</i>	To correct transcription error
279/16	"or were" instead of <i>would</i>	To correct transcription error
279/17	"they measuring" instead of <i>you their measuring</i>	To correct transcription error

Deposition Changes and Corrections: McCollum v. Livingston

Deposition Witness: Robert Lewis Williams, MD, CHP, CCHP on March 7, 2016

Page/Line	Change	Reason
288/2	Delete "didn't that there"	To correct transcription error
288/3	Delete "are--of those"	To correct transcription error
289/23	"was" instead of <i>wasn't</i>	To correct transcription error
291/23	"directly" instead of <i>director</i>	To correct transcription error
293/22	"correctly" instead of <i>collect and</i>	To correct transcription error
293/23	"promptly is" instead of <i>promptlyS</i>	To correct transcription error
295/6	"susceptibility" instead of <i>skill set ability</i>	To correct transcription error
297/12	Add "division" after "services"	To correct transcription error
298/5	"seen" instead of <i>season</i>	To correct transcription error
299/9	"the more" instead of <i>some</i>	To correct transcription error
299/22	"basis" instead of <i>preparation</i>	To correct transcription error
299/23	Delete "if"	To correct transcription error
302/17	"pathologists" instead of <i>technologists</i>	To correct transcription error
303/3	Delete "and"	To correct transcription error
304/7	"he" instead of <i>I</i>	To correct transcription error
305/15	"restriction" instead of <i>medicine</i>	To correct transcription error
305/20	"we" instead of <i>with</i>	To correct transcription error
Page/Line	Change	To correct transcription error
305/21	There should not be a comma after "practice", and "So" should not be capitalized.	To correct transcription error
306/3	Delete "I have", and add a comma after "But".	To correct transcription error
307/5	"devises" instead of <i>devices</i>	To correct transcription error
307/16	"seen" instead of <i>spoken</i>	To correct transcription error
308/1	"TUHSU" instead of 2C. Stands for Texas Uniform Health Status Update.	To correct transcription error
311/1	"Dennee" instead of <i>Den nay</i>	To correct transcription error
311/2	"regional" instead of <i>region</i>	To correct transcription error
311/16	"functions" instead of <i>functioneds</i>	To correct transcription error
311/18	It was Dr Williams' impression that Mr Edwards said "Robison" instead of <i>reason son</i> .	To correct transcription error
311/19	It was Dr Williams' impression that Mr Edwards said "Dennee Robison" instead of <i>den nay reason son</i> .	To correct transcription error